STATEMENT OF

FORM 1		ANIZATI(e instructions)	ON		Office use only
NAME OF COMMITTEE (in	full) (Check is change		cample: If typying, type er the lines	12FE4M5	
White Mounta	in PAC				
ADDRESS (number and	street) P.O. Box 33	33 			
(Check if address X is changed)					
	Rye Beach			LNH L	03871 -
		CITY	^	STATE	ZIP CODE 📥
COMMITTEE'S E-MA	IL ADDRESS (Please provide	only one e-mail add	dress)		
(Check if address is changed)	scottflegal@	@flegal.com			
COMMITTEE'S WEB (Check if address is changed)	PAGE ADDRESS (URL)				
2. DATE 1.2	0 0 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	0 Y		_	
3. FEC IDENTIFICA	TION NUMBER	C C	00370932		
4. IS THIS STATEM	NEW (N)	OR	X AMENDED (A)		
I certify that I have exami	ned this Statement and to the be	est of my knowledge	and belief it is true, correct a	and complete	
Type or Print Name of	Treasurer H. Scott	t Flegal			
Signature of Treasurer	Electronically Filed by F	I. Scott Flegal		Date 12	0 6 Y 2 0 1 0
NOTE: Submission of fa	lse, erroneous, or incomplete info		t the person signing this Sta	•	
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)